

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <u>10/521202</u>																											
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>5 DATE FILED</b></td> <td style="width:85%;"><b>6 AMOUNT</b></td> </tr> <tr> <td>Filing</td> <td>\$ 500</td> </tr> <tr> <td>Amendment</td> <td>\$</td> </tr> <tr> <td>Extension of Time</td> <td>\$</td> </tr> <tr> <td>Notice of Appeal/Appeal</td> <td>\$</td> </tr> <tr> <td>Petition</td> <td>\$</td> </tr> <tr> <td>Issue</td> <td>\$</td> </tr> <tr> <td>Cert of Correction/Terminal Disc.</td> <td>\$</td> </tr> <tr> <td>Maintenance</td> <td>\$</td> </tr> <tr> <td>Assignment</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> <tr> <td colspan="2"><b>7 TOTAL AMOUNT OF REFUND</b></td> </tr> <tr> <td colspan="2">\$</td> </tr> </table>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>	Filing	\$ 500	Amendment	\$	Extension of Time	\$	Notice of Appeal/Appeal	\$	Petition	\$	Issue	\$	Cert of Correction/Terminal Disc.	\$	Maintenance	\$	Assignment	\$	Other	\$	<b>7 TOTAL AMOUNT OF REFUND</b>		\$	
<b>5 DATE FILED</b>	<b>6 AMOUNT</b>																												
Filing	\$ 500																												
Amendment	\$																												
Extension of Time	\$																												
Notice of Appeal/Appeal	\$																												
Petition	\$																												
Issue	\$																												
Cert of Correction/Terminal Disc.	\$																												
Maintenance	\$																												
Assignment	\$																												
Other	\$																												
<b>7 TOTAL AMOUNT OF REFUND</b>																													
\$																													
<b>10 REASON:</b> <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): <u>Charged 400 - 1642</u>		<b>8 TO BE REFUNDED BY:</b> <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>12--0080</u>																											
		<b>11 REFUND REQUESTED BY:</b> _____																											
		<b>TYPED/PRINTED NAME:</b> _____ <b>TITLE:</b> _____ <b>SIGNATURE:</b> <u>P. K. K. K.</u> <b>PHONE:</b> _____ <b>OFFICE:</b> _____ ***** <b>THIS SPACE RESERVED FOR FINANCE USE ONLY:</b> <b>APPROVED:</b> _____ <b>DATE:</b> _____																											

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*